



**Kenai Peninsula College**  
34820 College Drive, Soldotna, Alaska 99669  
Phone: 907-262-0378 Fax: 907-262-0395



## **Paramedical Technology AAS Program Application for Program Admission ~FALL 2007~**

### **Application Check List**

**DEADLINE – APRIL 13, 2007**

- \_\_\_\_\_ Proof of having met all Prerequisites (A&P 1 & 2; EMT-1 & CPR)
- \_\_\_\_\_ N.E.T. Exam Taken and Scores forwarded to Program Coordinator
- \_\_\_\_\_ Copies of all pertinent documentation listed in “Phase 1” of the Application
- \_\_\_\_\_ Admissions Essay
- \_\_\_\_\_ Official Transcripts from all **Non-UAA** colleges. UAA/KPC transcripts are available through the Program Coordinator/Advisor at no cost.
- \_\_\_\_\_ Copies of all current EMT and EMS Related Certificates
- \_\_\_\_\_ Copy of Military DD-214 (long form) *if applicable*
- \_\_\_\_\_ Current Resume
- \_\_\_\_\_ Three (3) Letters of Recommendation
- \_\_\_\_\_ Signed & Notarized Application



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## **Paramedical Technology AAS Program Application for Program Admission ~FALL 2007~**

Full Legal Name \_\_\_\_\_  
Last First Middle Initial

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo Date Year

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a US Citizen \_\_\_\_ Yes \_\_\_\_ No Are you an Alaska Resident \_\_\_\_ Yes \_\_\_\_ No

### **PROGRAM PREREQUISITES**

*Include documentation of the following with application*

- College Anatomy & Physiology I & II. Must total 8 credits & passed with a grade of at least "C" in each.
- State of Alaska EMT-1 or NREMT-Basic EMT Certification (*or higher*)
- Evidence of a Current Healthcare Provider CPR Card (AHA or ARC)

**APRIL 13, 2007  
Application DEADLINE**

### **APPLICATION SCORING – (PHASE 1 OF 2)**

*Only 15 applicants will be selected for the Paramedic Program. Applicants will be rank-ordered based upon their submitted application. The top 20 applicants will progress to "Stage 2; the oral interview".*

- Nurses Entrance Test (NET) => Up to 10 points (*Offered though UAA or KPC*)
- College Grade Point Average => Up to 4 Points
- Life Experience in Emergency Medical Services => Up to 2 Points (< 5 yrs = 1pt; > 5 yrs = 2pts)
- National Registry EMT "Intermediate-99" Certification => 2 Points
- National Registry EMT "Intermediate-85" Certification => 1 Point
- Advanced Cardiac Life Support Certification => 1 Point
- Military Service (Honorable Discharge & Medical MOS) => 1 Point

### Application scoring cont...

- Current AK EMT 2 or out of state equivalent certification =>1 Point
- Current AK EMT 3 or out of state equivalent certification => 2 Points  
(Students currently enrolled in EMT 2 & 3 programs will be awarded these points. However, if these applicants fail to certify, these points will be deducted from their final score and may result in not being accepted into the paramedic program).
- Pre-Hospital Trauma Life Support or Basic Trauma Life Support Certification =>1 Point
- Nurse's License at the level of RN or LPN (RN =1 pt; LPN = ½)

### ADMISSION ESSAY

A typed application essay of 200-300 words (double spaced, 1" margins, 12 point font, Times New Roman) must be submitted with this application to be considered for admission into the Paramedic Program. The essay should state why the applicant wishes to become a paramedic and why s/he wishes to attend the Kenai Peninsula College's Paramedic Program.

### ORAL INTERVIEW – (PHASE 2 OF 2)

- The Top 20 finalists will be invited to proceed forward to the oral interview phase of the selection process.
  - The oral interview will be conducted by members of the Selection Committee.
  - Phone interviews may be granted due to unusual circumstances.
  - **Up to 5 additional points will be added to the applicant's application score based upon interview results.**
  - The Top 15 combined application scores will be accepted into the Paramedic Program.
  - All finalists will be notified by phone and mail no later than **MAY 18, 2007**.
  - Non-selected students will be notified by mail only.
  - A list of 5 stand-by applicants will be maintained in case an accepted applicant declines acceptance.
  - If an accepted applicant declines to enroll in the Paramedic Program, the standby list will be implemented.
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- Accepted Applicants have **Seven (7) days to accept or decline** the invitation to register.
  - Accepted Applicants **Must register through KPC within 7 days** or forfeit their acceptance. This can be done online.
  - Accepted Applicants **Must Contact the Paramedic Coordinator** within 7 days of their acceptance.
  - Applicants failing to mail or turn in their notification may forfeit their acceptance.

### ACADEMIC RECORD

Type of School	Name & Address of School	# Years Completed	Degree Received	Major	Did you Graduate?
High School or G.E.D.					
College					
EMT Training					

### PAST EDUCATION

Include an Official Copy of all **NON-UAA** college transcripts. UAA transcripts are available to the Program Coordinator at no cost. If no college history; include a copy of your high school diploma or GED.

Include Photocopies of **ALL** current EMS or Medical related certificates/licenses.

## **MILITARY**

Attach a copy of your DD-214 (long form showing Honorable Discharge), with any medical MOS training certificates that you have completed.

## **RESUME**

Please Attach a Current Resume.

## **3 LETTERS OF RECOMMENDATION**

Please provide a total of three (3) letters of recommendation. Preferably one letter should be from a recent supervising physician or EMS medical coordinator in the community where you have practiced as an EMT. The other two should be from professional references.

## **GENERAL HEALTH SCREENING (AFTER ACCEPTANCE INTO THE PROGRAM)**

*All health exam and immunization/titer costs are the responsibility of the student.*

- Prior to starting the Paramedic Program, all students need to have signed documentation from their personal physician affirming they are capable of performing the physical tasks outlined by the DOT 1998 Paramedic Curriculum.

## **IMMUNIZATIONS & TITERS (AFTER ACCEPTANCE INTO THE PROGRAM)**

*Prior to any clinical rotation the applicant must show documentation of having met the following health requirements*

- Immunity to rubella and rubeola, (demonstrated by titer)
- Immunity to chicken pox, documented by history, titer, or immunization
- Having started the two-shot hepatitis A series; must be completed within six months of first immunization
- Having started the three-shot hepatitis B series; must be completed within six months of first immunization
- Immunization against diphtheria and tetanus within last 10 years
- Freedom from active tuberculosis, demonstrated annually by negative PPD or MD Heath Exam
- Documentation of having had an annual HIV test (**results are not required to be turned in to KPC**, but documentation must be retained through graduation from the program).

- **Information and immunization/titer record will be given to applicant upon acceptance into the program.**

## **FBI BACKGROUND CHECK (AFTER ACCEPTANCE INTO THE PROGRAM)**

- Documentation of having had an FBI Background Check and being free from any State of Alaska or National Registry of EMTs Barriers from licensing or certification.

- **Information and fingerprinting locations will be given to applicant upon acceptance into the program.**

**\*\*\* Completed Applications Must be Received by APRIL 13, 2007 \*\*\***

*(Applying for Financial Aid? Do not delay!)*

Mail or deliver the completed application and accompanying documentation to:

Paul Perry, Paramedic Coordinator  
Kenai Peninsula College, 34820 College Drive, Soldotna, Alaska 99669  
Office Phone (907) 262-0378 ~ Office Fax (907) 262-0395

The KPC Paramedical Technology Program does not unlawfully discriminate on the basis of age, race, national origin/ancestry, color, sex, religion/creed, or handicap/disability. KPC operates in accordance with applicable laws on equal opportunity and non-discrimination in the consideration for admission.

**I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal from the KPC Paramedic Program.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

My Commission expires \_\_\_\_\_

(Notary Signature) \_\_\_\_\_

(SEAL)